

**State of California
Office of Administrative Law**

In re:
Department of Health Care Access and
Information

Regulatory Action:

Title 22, California Code of Regulations

Adopt sections:

Amend sections: 96051, 96051.8

Repeal sections:

**NOTICE OF APPROVAL OF CHANGES
WITHOUT REGULATORY EFFECT**

California Code of Regulations, Title 1,
Section 100

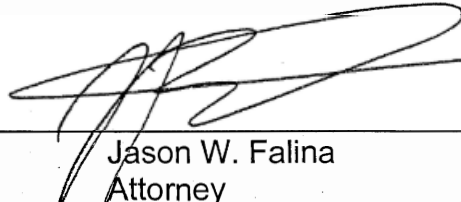
OAL Matter Number: 2024-1211-01

**OAL Matter Type: Nonsubstantive
Resubmittal (NR)**

This action without regulatory effect amends existing regulations which are inconsistent with and superseded by changed California statute. Specifically, this action repeals the defined terms "Charity Care" and "Discount Payment" from existing regulation as they are now defined in statute. Additionally, this action amends existing program eligibility application disclaimers regarding applicable financial information to conform with superseding statute.

OAL approves this change without regulatory effect as meeting the requirements of California Code of Regulations, title 1, section 100.

Date: January 2, 2025



Jason W. Falina
Attorney

For: Kenneth J. Pogue
Director

Original: Elizabeth Landsberg, Director
Copy: Melissa Ferkovich

RESUBMITTAL

For use by Secretary of State only

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2024-1211-01	EMERGENCY NUMBER NR
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

ENDORSED - FILED
 in the office of the Secretary of State
 of the State of California

JAN 02 2025
 1:32 PM AB

OFFICE OF ADMIN. LAW
 2024 DEC 11 AM 11:23

AGENCY WITH RULEMAKING AUTHORITY
 Department of Health Care Access and Information

AGENCY FILE NUMBER (If any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE

PER AGENCY REQUEST

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Hospital Financial Assistance	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2024-1108-01N
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)
ADOPT
AMEND 96051, 96051.8
TITLE(S) 22
REPEAL

3. TYPE OF FILING			
<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input checked="" type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____	<input checked="" type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input type="checkbox"/> Effective on filing with Secretary of State <input checked="" type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY
<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify) _____

7. CONTACT PERSON Melissa Ferkovich	TELEPHONE NUMBER (279) 220-2079	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) melissa.ferkovich@hcai.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Elizabeth A Landsberg</i>	DATE 12/6/24
TYPED NAME AND TITLE OF SIGNATORY Elizabeth A. Landsberg, Director	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

JAN 02 2025

Office of Administrative Law

CCR, Title 22, Division 7 (Health Planning and Facility Construction):

Chapter 9.2: Hospital Fair Billing Program

Article 1. Definitions; Document Accessibility; Eligibility Determination Letters; Hospital Bill Complaint Program Notice; and Hospital Delegation

§ 96051. Definitions.

For purposes of this chapter, the following definitions shall apply in addition to those found in Health and Safety Code sections 127400 and 127400.5:

(a) "Act" means Health and Safety Code sections 127400 through 127446, inclusive.

(b) "Charity care" means the following:

~~(1) Free health services provided without expectation of payment to persons who meet the hospital's criteria for financial assistance and are unable to pay for all or a portion of the services. Charity care does not include bad debt defined as uncollectible charges that the hospital recorded as revenue but wrote off due to a patient's failure to pay; and/or~~

~~(2) Reduced cost health services or free health services provided to eligible patients, as outlined in the hospital's charity care policy.~~

~~(b)(e)~~ "Director" means the Director of the Department of Health Care Access and Information, as described in Health and Safety Code section 127005.

~~(d) "Discount payment" means that part of the hospital's charges that a financially qualified patient is expected to pay in accordance with Health and Safety Code Sections 127405(b) and 127405(d).~~

~~(c)(e)~~ "Policy" or "policies" means document(s) the hospital is required to submit pursuant to Health and Safety Code section 127435(a).

~~(d)(f)~~ "Working days" means Monday through Friday but shall not include State Holidays.

NOTE: Authority cited: Section 127010, Health and Safety Code. Reference: Sections 127400, 127435 and 127436, Health and Safety Code.

Article 2. Discount Payment, Charity Care, and Debt Collection Policies and Procedures

§ 96051.8. Applications for Eligibility for Discount Payment Program or Charity Care Program.

(a) When a hospital uses a single application form to determine eligibility for both discount payment and charity care programs, the hospital shall make clear on the application form that:

(1) For patients applying ~~only~~ for either charity care or discount payment program eligibility, the hospital may only request recent paystubs or income tax returns for documentation of income. The hospital may accept other forms of documentation of income but shall not require such other forms.

(2) Patients ~~that~~ who only apply for discount payment program eligibility may receive less financial assistance than what may be available to them under the charity care program.

NOTE: Authority cited: Sections 127010 and 127435, Health and Safety Code.
Reference: Section 127405, Health and Safety Code.